Des Moines County Correctional Center Burlington, Iowa

An Equal Opportunity Employer

Qualified applicants are eligible to compete for all positions without regard to race, color, national origin, sex, creed, religion, race or marital status.

Application for Employment

NOTICE: Application must be typewritten or clearly printed in ink. All questions must be answered and accompanying documents received *prior* to processing. If not applicable, indicate NA. If space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number the answers to correspond with the questions.

Check position(s) applied for:	Correctional officer, full-time Correctional officer, part-time Other		n:						
1. Personal History									
a. Name in full (last, first, mid-	,	b. Social Securi							
c. List any other names used in surname(s). If you have ever u period and under what circums changed your name, give date,	sed any names other than y tances were these names us	our true name, du	ring what						
d. Birth date (provide a certificate)	ed copy of your birth	e. Are you a US							
f. Place of birth (city, county, s	state, country)	Yes	No						
g. Present mailing address		h. Present home number	phone						
2.	Applicant Availabi	lity							
a. Earliest date available for in	terview: b. Earliest	date available for	employment:						
c. Have you previously applied	for employment with Des	Moines County?	Yes No						

3. Residential History

a. Complete address to location you want mail or e-mail sent: (include PO Box, apartment number, zip code, and e-mail address) b. Complete current residence address: (include street, apartment number, city, state, zip code) c. Telephone numbers: (include area code) Residence: _____ Cell: d. List chronologically ALL of your residences in the past ten (10) years: (include addresses while attending school, and all military addresses including any off military base) Dates From Street Address City County State To 4. Education Record ATTACH HIGH SCHOOL OR COLLEGE TRANSCRIPT TO THIS APPLICATION. YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT A TRANSCRIPT. Circle highest grade completed: High school graduate or equivalent (GED)? 6 7 8 9 10 11 12 Yes No

Name/Location	Dates a	ttended	Credit received		Field or study	Type of
of high schools/					area of	degree
colleges	Mo/Yr	Mo/Yr	Quarter hrs S	semester hrs	concentration	obtained

a. If you are working toward a degree, please give anticipated completion date:							
scholastic probation, e	nissed from a school, or ever taken against you o						
110 105	School	Туре	of action				
	, citations, positions he her special recognition	_					
d. List any special abi	lities, interests, sports,	or hobbies:					
Are you now, or have yes, list below. Do no	5. Organizatio you ever been, a membot abbreviate.		, or organization? If				
Name of organization	City and State	Former organization	Active organization: list position held/activities				
			1				

6. References

Give three references (not relatives, former or present employers, or co-workers) who are responsible adults of reputable standing in their communities and who have known you well during the past five years. If retired, give former occupation.

Complete Name/Title:	Number of Years Acquainted:
Occupation:	Business Address:
Telephone:	Residence Address:
Complete Name/Title:	Number of Years Acquainted:
Occupation:	Business Address:
Telephone:	Residence Address:
Complete Name/Title:	Number of Years Acquainted:
Occupation:	Business Address:
Telephone:	Residence Address:

7. Employment

- a. Have you ever been subject to disciplinary action from an employer? No Yes If so, explain on separate paper.
- b. List chronologically all employment, including summer and part-time, and while attending school. All time must be accounted for. If unemployed for a period, indicate the dates of unemployment.

	Dates			Name of	Reason
Name/Address/Phone of Employer	From	To	Salary	Supervisor	Left?
				•	
	Dates			Name of	Reason
Name/Address/Phone of Employer	From	То	Salary	Supervisor	Left?

	Dates		Name of	Reason
Name/Address/Phone of Employer	From To	Salary	Supervisor	Left?
			•	
N /4.11 (D) (A)	Dates		Name of	Reason
Name/Address/Phone of Employer	From To	Salary	Supervisor	Left?
	Dates		Name of	Reason
Name/Address/Phone of Employer	From To	Salary	Supervisor	Left?
Traine/Tiddless/Thole of Employer	110111 10	Salary	5upci v1501	LCIL:
	Dates		Name of	Reason
Name/Address/Phone of Employer	From To	Salary	Supervisor	Left?
			•	
	Dates		Name of	Reason
Name/Address/Phone of Employer	From To	Salary	Supervisor	Left?
	Dates		Name of	Reason
Name/Address/Phone of Employer	From To	Salary	Supervisor	Left?
	Dates		Name of	Reason
Name/Address/Phone of Employer	From To	Salary	Supervisor	Left?
Ivanic/Address/Filone of Employer	TIOIII IO	Saiary	Supervisor	Leit:
L	_1			

8. Military Record

a. Have you registered for the draft, if applicable?					No	Yes
b. Have you ever served on active duty in the Armed Forces?				No	Yes	
c. Highes	t rank attained					
d. Brancl	h of Military	e. Serial Nur	mber	f. Dates From		ve duty To
Date I	of Discharge DD-214 Recorded y		h. Member of	Reserve/No	Nationa Yes	l Guard?
	copy of release for			110	105	
	y type of disciplin Yes If yes, expl	•	against you whi	le in the se	ervice?	
•	u a licensed motors)	vehicle operator		No	Yes	
b. Driver'	's license number					
•	ur license ever bee explain			No		
-	ou ever been arres Io Yes Lis			g traffic v	iolatio	ns?
Date	Place	Charge		osition		Details

11. Summary of Skills

Explain why you seek this position and any skills, trade, training, ability, or experience not already mentioned that may better clarify your fitness for the position.

12. Authorization for Release of Personal Information

I,, (lo hereby a	uthorize a review	and full disclosure of all	
records concerning me to any duly authorized agent the said records are of a public, private, or confident		Moines County Sl	heriff's Office, whether	
The intent of this authorization is to give my consent educational institutions; financial or credit institution agencies (including credit reports and/or ratings); and medical and psychiatric treatment and/or consultation US Veterans' Administration; employment and presefficiency ratings, complaints or grievances filed by or of other counsel, whether representing me or another which I presently have or have had an interest.	is, includind other finant, including employment or against 1	g records of communical statements of hospitals, clinics trecords, includir ne; and the recolde	nercial or retail credit of records whenever filed s, private practitioners, an ng background reports, ections of attorneys at lav	nd
I understand that any information obtained by a persodirectly or indirectly, in whole or in part, upon this remy eligibility for appointment to or continued emploalso certify that any person(s) who may furnish such accountable for giving this information. I further relemployees from any and all liability that may be incompleted.	elease authoryment with information ease the De	orization will be conthe Des Moines on concerning mestes Moines County	onsidered in determining County Sheriff's Office. shall not be held Sheriff's Office and its	5
I HEREBY SWEAR AND AFFIRM THAT INFORMATION IN OR SUPPLEMENTIN TRUE, AND ACCURATELY RECORDED UNDERSTAND THAT PROVIDING FALINCOMPLETE INFORMATION ON THIS DISQUALIFYING ME FROM ELIGIBILI'S MOINES COUNTY SHERIFF'S OFFICE, DISCOVERED SUBSEQUENT TO MY A	G THIS TO THI SE, MIS APPLIC TY FOR OR FOR	APPLICATION E BEST OF M LEADING, AN CATION IS GR APPOINTMEN MY DISMISS	N IS COMPLETE, Y KNOWLEDGE. I ND/OR ROUNDS FOR NT TO THE DES	[
A photocopy of this release form will be valid as an not contain an original writing of my signature.	original the	ereof, even though	the said photocopy does	•
I have read and fully understand the contents of this	"Authoriza	tion for Release o	f Personal Information."	
	Signature	of Applicant	Date	_
Subscribed and sworn to before me	e this	day of	, 2	
	Notary Pu	ıblic		
	My comn	nission expires		